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Reply

Sir, The severe infections observed by Estrach *et al*. in patients with underlying chest disease highlight the necessity to screen patients carefully before initiating anti-tumour necrosis factor α (TNF-α) therapy. A formalized, structured screening process encompassing a history of infections, possible exposure to mycobacteria, tuberculin testing and a chest X-ray examination can help to identify potential pitfalls. A low threshold to adding culture and polymerase chain reaction testing of urine and sputum for mycobacterial species, high-resolution computed tomography scanning and bronchoscopy to clarify uncertainties is warranted. As Estrach *et al*. point out, the costs involved are negligible compared with those of the medication itself and of hospitalization for severe infections. Should predisposing conditions be identified, a multidisciplinary approach to decide on the appropriate measures is necessary, as is ensuring rapid intervention should the suspicion of infection arise.

In this context, the concealment of symptoms by patients described by Dr Kiely must be taken seriously. Symptom concealment may result from concern that the responsible physician will discontinue anti-TNF-α therapy indefinitely, because patients are reluctant to go through yet another series of medical tests and therapies, or from the masking of symptoms by anti-TNF-α therapy itself. This makes it even more urgent to clarify slight alterations in well-being. We attempt to reassure patients at each visit that prompt diagnosis and, if necessary, specific therapy are an integral part of maintaining the benefits of biological agents while minimizing the morbidity and costs due to serious undesired effects.

To achieve this aim, it is essential that all physicians, including those in practice, be well informed of possible undesired effects. When infection is suspected, rapid and thorough investigation to identify its origin, localization and responsible agent is important to guide targeted therapy. To raise awareness of such undesired effects in patients, their relatives and acquaintances and physicians, we can only support the idea of a patient alert card. In fact, at a recent information gathering for patients with rheumatoid arthritis and their relatives, the suggestion of alert cards was warmly received. In Switzerland two of the three suppliers of anti-TNF-α agents provide such cards. Ideally, these would be standardized, with a telephone hotline and links to information on the internet.

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